

Fill in this information to identify the case:

Debtor Name NJ Mobile Health Care LLCUnited States Bankruptcy Court for the: _____ District of New JerseyCase number: 24-16239-JKS☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 6 - November 2024Date report filed: 12/11/24
MM / DD / YYYYLine of business: Ambulance

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Louis V. Greco IIIOriginal signature of responsible party: Printed name of responsible party: Louis V. Greco III**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
-----	----	-----

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

\$ 1,259.35

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 19,969.42

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 16,111.74

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 3,857.68

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 5,117.03

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 37,168.80

Debtor Name NJ Mobile Health Care LLC

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4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 7,697.00
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>15,000.00</u>	—	\$ <u>19,969.42</u>	=	\$ <u>-4,969.42</u>
33. Cash disbursements	\$ <u>13,000.00</u>	—	\$ <u>16,111.74</u>	=	\$ <u>-3,111.74</u>
34. Net cash flow	\$ <u>2,000.00</u>	—	\$ <u>3,857.68</u>	=	\$ <u>-1,857.68</u>
35. Total projected cash receipts for the next month:					\$ <u>15,000.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>13,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>2,000.00</u>

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Monthly Operating Report – November 2024

Question 3: Did you pay all your bills on time

The bills for the following vendors have not been paid:

United Leasing – 1,725.00

De Lage Landen Financial Services Inc. – 3,963.31

Access IT – 506.49

Exhibit C

NJMHC Monthly Operating Report - November 2024

Account No	Posting Date	Description	Receipts
5800	11/29/2024	ACH CREDIT CCD CMPY ID: 124303243 AKI C Management TRANSFER 241129	1,695.90
5800	11/27/2024	PHONE/INTERNET TRNFR REF 3320900L FUNDS TRANSFER FRM DEP XXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	1,280.00
5800	11/27/2024	ACH CREDIT CCD CMPY ID: 9215986202 INTUIT 50172893 DEPOSIT 241127 524771382123961	1,410.00
5800	11/21/2024	WIRE IN GFT 202411210015388 AKI C MANAGEMENT L LC	1,392.10
5800	11/19/2024	ACH CREDIT CCD CMPY ID: 124303243 AKI C Management TRANSFER 241119	1,565.70
5800	11/12/2024	BUS MOBILE DEPOSIT	940.00
5800	11/08/2024	BUS MOBILE DEPOSIT	1,880.00
5800	11/07/2024	WIRE IN GFT 202411070016329 AKI C MANAGEMENT L LC	1,836.99
5800	11/05/2024	PHONE/INTERNET TRNFR REF 3101340L FUNDS TRANSFER FRM DEP XXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	60.00
5800	11/04/2024	ACH CREDIT PPD CMPY ID: 9215986206 INTUIT ACCTVERIFY 241104	0.22
5800	11/04/2024	ACH CREDIT PPD CMPY ID: 9215986206 INTUIT ACCTVERIFY 241104	0.12
5800	11/01/2024	ACH CREDIT CCD CMPY ID: 124303243 AKI C Management TRANSFER 241101	1,755.95
0303	11/29/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241129 536927960307817	110.72
0303	11/27/2024	DEPOSIT	539.00
0303	11/25/2024	BUS MOBILE DEPOSIT	1,880.00
0303	11/19/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241119 536927960307817	200.00
0303	11/18/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241118 536927960307817	69.56
0303	11/15/2024	ACH CREDIT CCD CMPY ID: 1522293687 10L GOVDEALS 10LGDUSFSS REF*\	10.00
0303	11/14/2024	DEPOSIT	1,883.40
0303	11/13/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898272682*12052961 37~	700.54
0303	11/08/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898262033*12052961 37~	258.11
0303	11/05/2024	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 241105 536927960307817	20.00
0303	11/04/2024	BUS MOBILE DEPOSIT	111.97
0303	11/04/2024	PHONE/INTERNET TRNFR REF 3091702L FUNDS TRANSFER FRM DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	90.00
0303	11/01/2024	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898239838*12052961 37~	279.14
			19,969.42

Exhibit D

NJMHC Monthly Operating Report - November 2024

Account No	Posting Date	Description	Disbursements
5800	11/27/2024	ACH DEBIT CCD CMPY ID: 9215986202 INTUIT 69914403 TRAN FEE 241127 524771382123961	14.10
5800	11/21/2024	PHONE/INTERNET TRNFR REF 3262059L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA MOBILE	1,400.00
5800	11/20/2024	PHONE/INTERNET TRNFR REF 3250541L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	500.00
5800	11/19/2024	FORCE POST DEBIT FOR OVERDRAFT ACH DEBIT 021000022276126	30.00
5800	11/18/2024 1028	CHECK	920.00
5800	11/18/2024	ACH DEBIT CCD CMPY ID: 0000756346 INTUIT * QBooks Onl 241118 8986023	32.50
5800	11/15/2024	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 10/24	40.00
5800	11/13/2024	PHONE/INTERNET TRNFR REF 3181811L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	959.00
5800	11/12/2024 1026	CHECK	57.45
5800	11/12/2024	PHONE/INTERNET TRNFR REF 3140515L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA MOBILE	1,900.00
5800	11/08/2024	PHONE/INTERNET TRNFR REF 3131500L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,500.00
5800	11/08/2024	PHONE/INTERNET TRNFR REF 3130445L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA MOBILE	300.00
5800	11/04/2024	ACH DEBIT PPD CMPY ID: 9215986206 INTUIT ACCTVERIFY 241104	0.34
5800	11/04/2024	PHONE/INTERNET TRNFR REF 3071415L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	2,106.25
0303	11/27/2024	PHONE/INTERNET TRNFR REF 3320900L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	1,280.00
0303	11/26/2024	PHONE/INTERNET TRNFR REF 3310931L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	600.00
0303	11/20/2024	PHONE/INTERNET TRNFR REF 3251025L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	244.00
0303	11/19/2024	PHONE/INTERNET TRNFR REF 3240827L FUNDS TRANSFER TO DEP XXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	25.00
0303	11/15/2024	PHONE/INTERNET TRNFR REF 3201044L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,894.00
0303	11/13/2024	PHONE/INTERNET TRNFR REF 3181810L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	708.00
0303	11/12/2024	PHONE/INTERNET TRNFR REF 3151110L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	250.00
0303	11/07/2024	PHONE/INTERNET TRNFR REF 3121106L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	72.62
0303	11/05/2024	PHONE/INTERNET TRNFR REF 3101340L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	60.00
0303	11/04/2024	ACH DEBIT CCD CMPY ID: 10621929SM BANKCARD 1929 MTOT DISC 241104 536927960307817	89.34
0303	11/04/2024	PHONE/INTERNET TRNFR REF 3071414L FUNDS TRANSFER TO DEP XXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,129.14
			16,111.74

Exhibit E

Monthly Operating Report – November 2024

Question 24: Total payables

United Leasing – 10,350.00

De Lage Landen Financial Services Inc. – 23,779.86

Access IT – 3,038.94

[illegible]



P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
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October 31, 2024
November 30, 2024
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40754 M0656DDA113024062712 07 000000000 174748 005



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 OPERATING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

BUSINESS BANKING CHECKING - XXXXXX5800

SUMMARY FOR THE PERIOD: 11/01/24 - 11/30/24

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$350.32		\$13,816.98		\$9,759.64		\$4,407.66

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$350.32
11/01	ACH CREDIT AKI C Management TRANSFER 241101		\$1,755.95	\$2,106.27
11/04	ACH CREDIT INTUIT ACCTVERIFY 241104		\$0.12	\$2,106.39
11/04	ACH CREDIT INTUIT ACCTVERIFY 241104		\$0.22	\$2,106.61
11/04	PHONE/INTERNET TRNFR REF 3071415L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$2,106.25		\$0.36
11/04	ACH DEBIT INTUIT ACCTVERIFY 241104	-\$0.34		\$0.02
11/05	PHONE/INTERNET TRNFR REF 3101340L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$60.00	\$60.02
11/07	WIRE IN 202411070016329 AKI C MANAGEMENT L LC		\$1,836.99	\$1,897.01
11/08	BUS MOBILE DEPOSIT		\$1,880.00	\$3,777.01
11/08	PHONE/INTERNET TRNFR REF 3130445L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$300.00		\$3,477.01
11/08	PHONE/INTERNET TRNFR	-\$1,500.00		\$1,977.01





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TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 3131500L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
11/12	BUS MOBILE DEPOSIT		\$940.00	\$2,917.01
11/12	PHONE/INTERNET TRNFR	-\$1,900.00		\$1,017.01
	REF 3140515L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE			
11/12	CHECK 1026	-\$57.45		\$959.56
11/13	PHONE/INTERNET TRNFR	-\$959.00		\$0.56
	REF 3181811L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
11/15	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 10/24	-\$40.00		-\$39.44
11/18	ACH DEBIT INTUIT * QBooks Onl 241118 8986023	-\$32.50		-\$71.94
11/18	CHECK 1028	-\$920.00		-\$991.94
11/19	ACH CREDIT AKI C Management TRANSFER 241119		\$1,565.70	\$573.76
11/19	PAID ITEM FEE FOR OVERDRAFT ACH DEBIT 021000022276126	-\$30.00		\$543.76
11/20	PHONE/INTERNET TRNFR REF 3250541L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$500.00		\$43.76
11/21	WIRE IN 202411210015388 AKI C MANAGEMENT L LC		\$1,392.10	\$1,435.86
11/21	PHONE/INTERNET TRNFR REF 3262059L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$1,400.00		\$35.86
11/27	ACH CREDIT INTUIT 50172893 DEPOSIT 241127 524771382123961		\$1,410.00	\$1,445.86
11/27	PHONE/INTERNET TRNFR REF 3320900L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE		\$1,280.00	\$2,725.86
11/27	ACH DEBIT INTUIT 69914403 TRAN FEE 241127 524771382123961	-\$14.10		\$2,711.76
11/29	ACH CREDIT AKI C Management TRANSFER 241129		\$1,695.90	\$4,407.66
Ending Balance				\$4,407.66

CHECKS IN ORDER

Date	Number	Amount	Date	Number	Amount
11/12	1026	\$57.45	11/18	1028*	\$920.00

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed under the Transaction section.





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OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$30.00	\$60.00





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Wayne, NJ 07474-0558

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Check Images for Account XXXXXX5800

1026

NJ MOBILE HEALTH CARE LLC
875 CORPORATE DR SUITE 525
MAYWOOD, NJ 07430-2525

DATE: 11/04/2024

PAY TO THE ORDER OF: USPS

Fifty Seven and 45/100

\$57.45

FOR: Postage

#001026# #021201383#

11/12/2024 # 1026 \$57.45

1028

NJ MOBILE HEALTH CARE LLC
875 CORPORATE DR SUITE 525
MAYWOOD, NJ 07430-2525

DATE: 5/16/24

PAY TO THE ORDER OF: Blue Chinas LLC

Nine hundred twenty and 00/100

\$920.00

FOR: BC OS

#001028# #021201383#

11/18/2024 # 1028 \$920.00



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Wayne, NJ 07474-0558

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To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
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October 31, 2024
November 30, 2024
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8004 M0656DDA113024062712 07 000000000 141998 002



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 PPSF ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330

Email: contactus@valley.com
Visit Us Online: www.valley.com
Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX3201

SUMMARY FOR THE PERIOD: 11/01/24 - 11/30/24

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$0.01		\$0.00		\$0.00		\$0.01

*** No Activity For This Period ***





P.O. Box 558
Wayne, NJ 07474-0558

Account Number:
Statement Date:
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11/30/2024
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To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
Page:

October 31, 2024
November 30, 2024
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1590 M0656DDA113024062712 08 000000000 194643 004



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 RECEIVING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330

Email: contactus@valley.com
Visit Us Online: www.valley.com
Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX0303

SUMMARY FOR THE PERIOD: 11/01/24 - 11/30/24

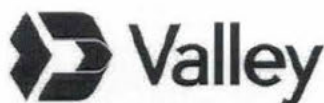
NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$850.02		\$6,152.44		\$6,352.10		\$650.36

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$850.02
11/01	ACH CREDIT NOVITAS HCCLAIMPMT 898239838*12052961 37~		\$279.14	\$1,129.16
11/04	PHONE/INTERNET TRNFR REF 3091702L FUNDS TRANSFER FRM DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE		\$90.00	\$1,219.16
11/04	BUS MOBILE DEPOSIT		\$111.97	\$1,331.13
11/04	PHONE/INTERNET TRNFR REF 3071414L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,129.14		\$201.99
11/04	ACH DEBIT BANKCARD 1929 MTOT DISC 241104 536927960307817	-\$89.34		\$112.65
11/05	ACH CREDIT BANKCARD 1929 MTOT DEP 241105 536927960307817		\$20.00	\$132.65
11/05	PHONE/INTERNET TRNFR REF 3101340L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$60.00		\$72.65
11/07	PHONE/INTERNET TRNFR	-\$72.62		\$0.03





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Wayne, NJ 07474-0558

Account Number:

Statement Date:

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11/30/2024

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TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 3121106L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
11/08	ACH CREDIT NOVITAS HCCLAIMPMT 898262033*12052961 37~		\$258.11	\$258.14
11/12	PHONE/INTERNET TRNFR REF 3151110L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$250.00		\$8.14
11/13	ACH CREDIT NOVITAS HCCLAIMPMT 898272682*12052961 37~		\$700.54	\$708.68
11/13	PHONE/INTERNET TRNFR REF 3181810L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$708.00		\$0.68
11/14	DEPOSIT		\$1,883.40	\$1,884.08
11/15	ACH CREDIT 10L GOVDEALS 10LGDUSFSS REF\		\$10.00	\$1,894.08
11/15	PHONE/INTERNET TRNFR REF 3201044L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,894.00		\$0.08
11/18	ACH CREDIT BANKCARD 1929 MTOT DEP 241118 536927960307817		\$69.56	\$69.64
11/19	ACH CREDIT BANKCARD 1929 MTOT DEP 241119 536927960307817		\$200.00	\$269.64
11/19	PHONE/INTERNET TRNFR REF 3240827L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	-\$25.00		\$244.64
11/20	PHONE/INTERNET TRNFR REF 3251025L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$244.00		\$0.64
11/25	BUS MOBILE DEPOSIT		\$1,880.00	\$1,880.64
11/26	PHONE/INTERNET TRNFR REF 3310931L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$600.00		\$1,280.64
11/27	DEPOSIT		\$539.00	\$1,819.64
11/27	PHONE/INTERNET TRNFR REF 3320900L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$1,280.00		\$539.64
11/29	ACH CREDIT		\$110.72	\$650.36





P.O. Box 558
Wayne, NJ 07474-0558

Account Number:
Statement Date:
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11/30/2024
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TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	BANKCARD 1929 MTOT DEP 241129 536927960307817			
Ending Balance				\$650.36

94643 0685043 0003-0004 0303 194643





P.O. Box 558
Wayne, NJ 07474-0558

Account Number:
Statement Date:
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11/30/2024
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To Reconcile Your Account

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2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
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4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
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